

**SAFETY CITATION**

SC No.: YR-SC-XXX	Subcontract No.	Subcontractor Name	Page 1 of ____
Brief Title/Description of Safety Incident			
Specified Requirement (identify requirement and reference document (e.g. General Safety Rules, Subcontractor HASP))			
Description of Safety Incident (provide detailed information; include names, dates, locations)			
Immediate actions to be taken			
_____ STR Name (Print)	_____ Signature	_____ Date	_____ Phone
_____ Pager			
Corrective Actions taken (provide detailed information; include names, dates and locations)			
_____ Subcontractor Name (Print)	_____ Signature	_____ Date	_____ Phone
_____ Pager			
Actions Complete:			
_____ Subcontractor Name (Print)	_____ Signature	_____ Date	_____ Phone
_____ Pager			
_____ STR Name (Print)	_____ Signature	_____ Date	_____ Phone
_____ Pager			